

MANSFIELD PUBLIC SCHOOLS

205 SPRING HILL ROAD
Storrs, CT 06268

I hereby authorize MANSFIELD MIDDLE SCHOOL of the Mansfield Public
(School or Individual)

Schools to:

release to _____

request from _____

the following information concerning _____,
(Child) (Birthdate)

Data Type I

_____ Basic Information
_____ Achievement
_____ Ability
_____ Attendance
_____ Health

Data Type II

_____ Guidance
_____ Child Development
_____ Speech and Hearing
_____ Special Education

Data Type III

_____ Psychological Assessments
_____ Reports from individuals and agencies outside the school system

Other

Signature _____

Relationship _____

Date _____